2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90033 036 ***150.00

C00422655

DO NOT WRITE IN THIS SPACE

DOCUMENT # G00827

1. Entity Name

SHOE INN SOUTH, INC.

Principal Place of Business	Mailing Address
288 SOUTH COUNTY ROAD PALM BEACH FL 33480	288 SOUTH COUNTY ROAD PALM BEACH FL 33480-4245

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1757750 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PROTELL, SALLY 288 SOUTH COUNTY ROAD PALM BCH FL 33480	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PROTELL,SALLY		NAME	
STREET ADDRESS	288 S. COUNTY ROAD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PROTELL, MARTIN R		NAME	
STREET ADDRESS	288 S COUNTY RD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, LAWSON		NAME	
STREET ADDRESS	288 SO COUNTY ROAD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAM, LAWSON		NAME	
STREET ADDRESS	288 SO COUNTY RD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAWSON, JOHN		NAME	
STREET ADDRESS	288 SO. COUNTY ROAD		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information *indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes;* and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally M. Protell Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #